

# **Integrating Tobacco Cessation Treatment into Mental Health Care**



## **Guidelines for Brief Interventions**

## Brief Counseling Strategies for Tobacco Use Cessation

ACTION	STRATEGY FOR IMPLEMENTATION
<b>ASK</b>	<b>Identify and Document Tobacco Use Status at Every Visit</b>
<b>ADVISE</b>	<p style="text-align: center;"><b>Strongly Urge All Tobacco Users to Quit</b></p> <p><i>Advice should be:</i></p> <ul style="list-style-type: none"> <li>• <i>Clear and Strong:</i> “Quitting smoking is the single most important thing you can do for your health right now. Cutting down is not enough, and I will do everything within my power to help you quit.”</li> <li>• <i>Personalized:</i> Tie tobacco use to current health or illness, social and economic costs, motivation level to quit, and/or impact of tobacco use on children and others in the household. “You have many powerful reasons to quit right now.”</li> </ul>
<b>ASSESS</b>	<p style="text-align: center;"><b>Determine Willingness to Make a Quit Attempt During the Next 30 Days</b></p> <p><i>If willing to make a quit attempt:</i></p> <ul style="list-style-type: none"> <li>• Educate about treatment options (medications, counseling)</li> <li>• Provide patient with brochure, “Clearing the Air”</li> <li>• Initiate and document the agreed upon treatment plan, using methods under Step 4 (Assist)</li> </ul> <p><i>If unwilling to make a quit attempt:</i></p> <ul style="list-style-type: none"> <li>• If unwilling to make a quit attempt at this time, provide motivational intervention (see “Motivational Interventions,” below)</li> </ul>
<b>ASSIST</b>	<p style="text-align: center;"><b>Aid the Patient in Quitting</b></p> <p><i>Help patient prepare for quitting:</i></p> <ul style="list-style-type: none"> <li>• Set a Quit Date, ideally within 2 weeks</li> <li>• Tell family, friends, and coworkers about quitting and request support</li> <li>• Remove tobacco products from environment, including ashtrays, lighters, etc.</li> <li>• Prior to quitting, avoid smoking in familiar places (e.g., home, car, dinner table, easy chair)</li> </ul> <p><i>Initiate smoking cessation medications (see attachment):</i></p> <ul style="list-style-type: none"> <li>• Explain that medications reduce withdrawal symptoms and increase smoking cessation success</li> </ul> <p><i>Provide basic information about smoking and successful quitting:</i></p> <ul style="list-style-type: none"> <li>• State that total abstinence is essential (“not even a single puff after Quit Date”)</li> <li>• State the health, cost, and quality of life benefits of quitting smoking accrue at any age</li> <li>• Advise patient to encourage other smokers in household to quit or not smoke in their presence</li> <li>• Advise to limit or refrain from drinking alcohol while quitting</li> <li>• Withdrawal symptoms peak 1-3 weeks after quitting (e.g., smoking urges, negative mood)</li> </ul> <p><i>Identify triggers and challenges that increase risk of relapse:</i></p> <ul style="list-style-type: none"> <li>• Internal events (withdrawal symptoms, moodiness, negative self-talk, smoking urges)</li> <li>• Social situations (e.g., places where others smoke; after a meal at the dinner table)</li> <li>• Activities (drinking coffee or alcohol, taking a relaxation “break,” watching TV, driving)</li> </ul>

<b>ASSIST (cont.)</b>	<p><i>Problem-solving and coping skills counseling:</i></p> <ul style="list-style-type: none"> <li>• Identify what helped in previous quit attempts and what triggers lead to relapse</li> <li>• Anticipate and avoid smoking triggers and high risk situations</li> <li>• Identify substitute behaviors to smoking (e.g., keep hands busy with a “worry stone,” chew gum or a cinnamon stick, engage in alternative pleasurable activities to smoking)</li> <li>• Identify cognitive coping strategies (rehearse personal reasons for quitting and health benefits)</li> <li>• Identify behavioral strategies for coping with stress (take a walk, listen to soothing music)</li> </ul> <p><i>Help patient obtain social support:</i></p> <ul style="list-style-type: none"> <li>• Ask: “How can your spouse/partner, friends, and coworkers support you in quitting?”</li> <li>• Ask: “Who can you call and talk to when you feel tempted to smoke?”</li> </ul> <p><i>Provide a supportive clinical environment while encouraging patient in his/her quit attempt:</i></p> <ul style="list-style-type: none"> <li>• Increase confidence in quitting (inform that half of all people who have smoked have quit)</li> <li>• Inform patient that effective treatments for tobacco addiction are now available</li> <li>• Communicate your belief in the patient’s ability to quit</li> <li>• Say, “I am available over the long haul to help you do what it takes to succeed”</li> </ul>
<b>ARRANGE FOLLOW-UP</b>	<p style="text-align: center;"><b>Schedule In Person or Telephone Follow-Up Contacts</b></p> <p><i>Timing:</i></p> <ul style="list-style-type: none"> <li>• Schedule first follow-up contact within 1 week of quit date and a second within 1 month.</li> <li>• Schedule additional follow-ups as indicated, inviting patient to call as needed.</li> </ul> <p><i>Actions during follow-up contacts:</i></p> <ul style="list-style-type: none"> <li>• If abstinent: congratulate on success and discuss relapse prevention strategies</li> <li>• If relapsed: <ul style="list-style-type: none"> <li>- reframe relapse as a learning experience (eventual success requires many quit attempts)</li> <li>- renew commitment to stop smoking immediately</li> <li>- identify triggers to relapse and re-initiate treatment (problem-solving counseling; reinstatement of medications or additional/alternative medications)</li> <li>- schedule follow-up contact within 1-4 weeks</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Motivational Information (the 5-Rs)</b></p> <ol style="list-style-type: none"> <li>1. State the <b>Relevance</b> of stopping smoking for the patient (health and economic concerns, impaired quality of life)</li> <li>2. Discuss the <b>Risks</b> of continued tobacco use (short- and long-term impact to patient and family)</li> <li>3. Identify the <b>Rewards</b> of quitting (e.g., save money, good example to children, improved quality of life and ability to recreate, improved taste and smell, improved smell of home and car, reduce aged appearance)</li> <li>4. Identify <b>Roadblocks</b> for quitting and discuss ways to respond to these roadblocks</li> <li>5. Use <b>Repetition</b> (inquire about interest in quitting and repeat the Relevance, Risks, and Rewards at each visit)</li> </ol> <p style="text-align: center;"><b>Motivational Questions</b></p> <p>“How important is it for you to quit smoking at this time, on a ten-point scale?”</p> <p>“What would have to happen or change in your life for stopping smoking to become more important to you?”</p> <p>“How confident are you that you can stop smoking for good, on a ten-point scale?”</p> <p>“What would help you increase your confidence in your ability to stop, and how can I assist you with this?”</p>	

Fiore, M. C., & Schroeder, L. L. (2003). Effective interventions for patients who use tobacco. Key findings from the United States public health service clinical practice guideline: Treating tobacco use and dependence. Journal of Clinical Psychiatry Monographs, 18(1), 64-73.

## Pharmacotherapy for Tobacco Use Cessation

Agent (approx. cost)	Dose	Side effects	Comments
<b>Non-Nicotine Therapy</b>			
<b>BUPROPION SR</b>  <b>(\$60/month)</b>	150 mg daily for first 3 days, then 150 mg bid for 7 to 12 weeks.  Start one week before quit date.	Anxiety, disturbed concentration, dizziness, insomnia, constipation, dry mouth, nausea	<b>Contraindications</b> <ul style="list-style-type: none"> <li>• Seizure disorder</li> <li>• MAO inhibitor within 14 days</li> <li>• Bulimia, anorexia nervosa</li> <li>• Predisposition to seizures               <ul style="list-style-type: none"> <li>- Severe head trauma</li> <li>- Central nervous system tumor</li> <li>- Abrupt withdrawal from heavy, daily alcohol or other sedatives</li> </ul> </li> </ul>
<b>Nicotine Replacement Therapy</b>			
<b>Transdermal nicotine patch</b>  <b>(\$60/month)</b>	21 mg for 6 weeks, then 14 mg for 2 weeks, then 7 mg for 2 weeks.  (consider starting at 14 mg if smoking < 1 pack/day).	Sleep disturbance, local irritation, bone pain, headache, nausea	<b>Use nicotine replacement therapy with caution in patients with unstable angina or with history of myocardial infarction within prior 14 days</b>
<b>Nicotine polacrilex gum</b>  <b>(\$75-105/month)</b>	Use 4 mg gum. Consider 2 mg for those smoking < 1 pack/day.  One piece of gum q 1-2 hr for 6 weeks, then taper over 6 weeks.	Local irritation, rhinitis, jaw pain, nausea	
<b>Nicotine nasal spray</b>  <b>(\$95-375/month)</b>	8 to 40 mg/day (average 15 mg) for 8 weeks.  Taper over 6 weeks.	Headache, nausea, confusion, palpitations, nasal irritation	
<b>Nicotine oral inhaler</b>  <b>(\$115-230/month)</b>	6 to 16 cartridges/day for 12 weeks (each cartridge is 4 mg).  Taper over 1 to 2 weeks.		
<b>Nicotine polacrilex lozenges</b>  <b>(\$160/month)</b>	Use 4 mg. Consider 2 mg for those smoking < 1 pack/day.  Suck one lozenge q 1-2 hr for 6 weeks, then one lozenge every 2-4 hours for 3 weeks, then one every 4-8 hours for 3 weeks.	Local irritation, headache, nausea, diarrhea, flatulence, heartburn, hiccup, cough.	

## **PROVIDER TIPS FOR PRESCRIBING SMOKING CESSATION MEDICATIONS**

**All persons interested in quitting tobacco use should be offered medications to help them quit.**

- ❑ Note: For pregnant women, the provider should weigh the risk of continued smoking with the possible added benefit of the medication for tobacco use cessation.
- ❑ There is little available data on the effectiveness of these medications for light smokers ( $\leq 1/2$  pack/day). Many experts suggest using medications in these people/persons as well.

**All first-line medications – nicotine replacement therapy (NRT) and Bupropion – for tobacco use cessation are equally effective.**

- ❑ The combination of two forms of NRT is more effective than either one alone (e.g., patch and gum or spray).
- ❑ The combination of NRT with Bupropion *may* be more effective than either one alone.

**The choice of medication for tobacco use cessation should be dictated by tobacco user factors, cost, and availability.**

- ❑ Tobacco user factors include comorbid conditions, prior experience with the medications
- ❑ The cost of the medications varies considerably. Approximate cost for 30 days treatment is as follows: Bupropion \$40, nicotine patch \$60, nicotine gum \$100, nicotine nasal spray \$115-230, nicotine inhaler \$100-400.
- ❑ Patients who are currently depressed might particularly benefit from using Bupropion.
- ❑ Consider higher doses of therapy in heavy smokers, as evidence suggests it may be more effective.

**Treatment should be continued for 6-12 weeks.**

- ❑ Bupropion should start 1 week before the quit date and continue for at least 8-12 weeks without tapering.
- ❑ Start NRT on the quit date and taper the dose over 6-12 weeks.